Montana Medicaid Claim Jumper

Electronic Claims Submission Update

As reported over the last several months, ACS will no longer be able to accept and process any non-HIPAA-compliant NSF electronic claims after March 31, 2004. Processing of all ACE$ claims (non-HIPAA-compliant) was discontinued as of December 31, 2003.

Former ACE$ submitters must enroll with ACS EDI Gateway, download the WINASAP software, and begin submitting claims using WINASAP2003 as soon as possible. Enrollment applications and the WINASAP software are available for download on the ACS EDI Gateway, Inc. website at *www.acs-gcro.com* or by calling the EDI Support Unit at (800) 987-6719, 8 am to 5 pm, Monday through Friday.

WINASAP2003/Electronic Claims Notes

➢ The Patient Account Number field for electronic claims submitters has been expanded to accommodate up to 12 alpha-digits. This field was previously limited to nine alpha-digits.

➢ The most current version of WINASAP2003 is 4.03. Any submitter using an earlier version must upgrade to the most recent version. Failing to do so may result in claims transmission problems.

➢ WINASAP2003 submitters should periodically check the ACS EDI website at *www.acs-gcro.com* for software updates, patches, etc. Providers who opt to install a newer version of WINASAP2003 should back-up their WINASAP databases and then restore the databases after reinstalling. After reinstalling or downloading a patch, be sure to select "Montana DPHHS" on the Open Payer menu.

➢ In WINASAP2003, providers should not check the "Encounter Claim" box on the first claim screen. Encounter claims are used only by Mental Health Centers to indicate a "no-pay" claim.

➢ Providers who have questions regarding WINASAP2003, submitter enrollment, or electronic claims submission in general should call ACS EDI Gateway, Inc. at (800) 987-6719, 8 am to 5 pm, Monday through Friday.

Provider Relations Call Menu Updated

Providers calling ACS provider relations should note that the incoming call menu has changed. Be sure to listen to all the options before making a selection.

Local Codes Update

Providers who have used local codes in the past are advised to look for notices posted on the Provider Information website at *www.mtmedicaid.org* for guidance on which codes should be used for billing. HIPAA requires that all states use nationally recognized procedure codes for billing.

Procedure 92070 No Longer Requires Prior Authorization

Effective February 1, 2004, procedure 92070, fitting of contacts for treatment of disease, including supply of lens, no longer requires prior authorization as long as the contact is for for treatment of corneal ulcers, corneal abrasions or corneal disorder due to contact lens. Recurrent erosion of the corneas may also be covered provided that other courses of treatment have been attempted prior to use of the bandage contact.

Nurse First Advice Line And Disease Management Now Available

For more information, see the November & December *Claim Jumpers* or contact Tedd Weldon at 406-444-1518.

Vaccines For Children (VFC)

Effective December 1, 2003, Montana Medicaid will reimburse Vaccines For Children (VFC) administrations using 90471-SL and 90472-SL, which replace the local code Z0805. Z0805 will no longer be available after December 31, 2003 due to HIPAA. The 90471-SL should be used for the first immunization administration and 90472-SL for each additional. The reimbursement will remain $9.50 per VFC vaccine administration.

For Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) only: VFC can be administered at RHCs and FQHCs. However, they are not billable visits because a core provider is not the health care professional administering the vaccine. VFC costs are calculated into your all-inclusive prospective payment rate.

The VFC as of dates of service October 1, 2003 and after are:

90633 - Hepatitis A vaccine

90645 - Hemophilus influenza b vaccine (Hib), booster only

90647 - Hemophilus influenza b vaccine (Hib)

90648 - Hemophilus influenza b vaccine (Hib)

90657 - Influenza virus vaccine, split virus, 6-35 months dosage

90669 - Pneumococcal conjugate vaccine, for children under 5 years

90700 - Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP)

90707 - Measles, mumps and rubella virus vaccine (MMR)

90713 - Poliovirus vaccine, inactivated (IPV)

90716 - Varicella virus vaccine

90718 - Tetanus and diphtheria toxoids (Td), seven years or older

90723 - Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DTaPHepB-IPV)

90732 - Pneumococcal polysaccharide vaccine

90744 - Hepatitis B vaccine

90748 - Hepatitis B and Hemophilus influenza b vaccine

Corrections

In the January 2004 issue of the *Claim Jumper*, it was incorrectly reported that the cost avoidance waiver for pharmacy and dental providers expires on December 31, 2004. The waiver expired on December 31, 2003.

It was also reported that the procedures for reviewing emergency department claims were posted on the Provider Information website (*www.mtmedicaid.org*) on December 8, 2004. The document was posted on the website on December 8, 2003.

2004

Spring Provider Fair

Mark your calendars for April 27 & 28, 2004. That is when the Spring Provider Fair will be held at the Great Northern Hotel in Helena. Further details and registration information will be published in an upcoming issue of the *Claim Jumper* and will be posted at *www.mtmedicaid.org*.

Recent Publications

The following are brief summaries of publications regarding recent program policy changes. For details and further instructions, download the complete notice from the Provider Information website (*http://www.mtmedicaid.org*). Select *Resources by Provider Type,* for a list of resources specific to your provider type. If you cannot access this information, contact provider relations.

Notices

01/08/04   **Pharmacy**

Payment from other insurance

01/01/04   **Opticians, Physicians, Optometrists**

New and discontinued codes

01/01/04   **Hospital Outpatient**

APCs updated quarterly

12/31/03   **Pharmacy**

NCPDP 5.1 – Billing other insurance before Medicaid

12/31/03   **Pharmacy**

NCPDP 5.1 Payer Sheet

12/31/03   **Pharmacy**

NCPDP 3.2 – Billing other insurance before Medicaid

12/31/03   **Pharmacy**

NCPDP 3.2 Payer Sheet

12/23/03   **Chemical Dependency Providers**

Procedure codes effective January 1, 2004

12/23/03   **Hospitals, Physicians, Mid-levels, Public Health Clinics, Ambulatory Surgical Centers, IDTFs**

Physician-related Services Manual replacement pages re: immunizations, PA criteria, family planning, and using modifiers

12/23/03   **School-based Providers**

School-based Services Manual replacement pages with CSCT changes and specialized transportation

Manuals

12/12/03   **PASSPORT To Health Provider Handbook**

Newly updated

12/01/03   **Physicians, Targeted Case Management, Public Health Clinics, Psychiatrists**

High Risk Pregnant Women changes

Fee Schedules

01/04   **Durable Medical Equipment**

Newly updated

Attention: Upcoming Coding Workshop Opportunity

In conjunction with the Spring Provider Fair, the Montana Medical Association will offer coding workshops on the morning of April 27 at the Great Northern Hotel in Helena, immediately preceding the Provider Fair. Further details and registration information will be published in next month's *Claim Jumper* and in upcoming MMA publications.

Your Information Source

For the latest Medicaid news, visit the Provider Information website at *www.mtmedicaid.org*. All provider manuals, updates, notices, fee schedules, links, and other useful documents are available for reference and/or download at the site.

www.mtmedicaid.org

Provider Satisfaction Survey

We would appreciate your feedback on our performance. The information you provide is a valued tool to improve our services and provide quality customer service. Please complete the survey, fold it in half and return it to ACS. Thank you for helping us to improve our service.

Medicaid Provider Number _____   Provider Name_____

Provider Type _____   Provider Specialty _____

Contact Name _____   Phone Number _____

Questionnaire

Rate ACS Provider Relations

5—Excellent   4—Good   3—Fair   2—Poor   1—Unacceptable

Question	Rating
1. How professional and courteous were ACS employees during your calls?	5 4 3 2 1
2. How knowledgeable were ACS employees regarding Medicaid information for your provider type?	5 4 3 2 1
3. How completely were your questions answered?	5 4 3 2 1
4. Were commitments made to you during the call completed timely?	5 4 3 2 1
5. How would you rate the service you received overall?	5 4 3 2 1
6. If your office has had a field visit, rate the quality of the field visit.	5 4 3 2 1
7. If you attended a WINASAP2003 software training, rate the quality of the training.	5 4 3 2 1

Would it be beneficial to have a group of ACS call center staff dedicated to your specific claim type? (i.e., professional, institutional, dental, nursing home, pharmacy.) Yes ☐ No ☐

Additional Comments:

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HERE

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Key Contacts

Provider Information Website: http://www.mtmedicaid.org
ACS EDI Gateway Website: http://www.acs-gcro.com/Medicaid_Accounts/Montana/montana.htm
ACS EDI Help Desk (800) 987-6719
Provider Relations   (800) 624-3958 Montana
                           (406) 442-1837 Helena and out-of-state
                           (406) 442-4402 fax
TPL   (800) 624-3958 Montana
         (406) 443-1365 Helena and out-of-state
Direct Deposit Arrangements (406) 444-5283
Verify Client Eligibility:
FAXBACK   (800) 714-0075
Automated Voice Response (AVR) (800) 714-0060
Point-of-sale Help Desk for Pharmacy Claims (800) 365-4944
PASSPORT (800) 624-3958
Prior Authorization:
DMEOPS (406) 444-0190
Mountain-Pacific Quality Health Foundation (800) 262-1545
First Health (800) 770-3084
Transportation (800) 292-7114
Prescriptions (800) 395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability (TPL)
P.O. Box 5838
Helena, MT 59604